

FILED
May 24, 2002 8:00 am
Secretary of State

04-22-2002 90166 018 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001499

1. Entity Name

ICS INTERNATIONAL CONSULTING SERVICES LLC

86382

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1370 WASHINGTON AVE

3. Mailing Address

1370 WASHINGTON AVE

Suite, Apt. #, etc.

312

Suite, Apt. #, etc.

312

City & State

MIAMI BEACH FLORIDA

City & State

MIAMI BEACH FLORIDA

4. FEI Number

65-1110643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANGELICA PAZ

Street Address (P.O. Box Number is Not Acceptable)

1370 WASHINGTON AVENUE

312

City

MIAMI BEACH

FL

Zip Code

33139

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed name of registered agent and date if applicable.

ANGELICA PAZ

04-09-01

DATE

IFEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

GENERAL MANAGER
ANGELICA PAZ
1370 WASHINGTON AV # 312
MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

GENERAL MANAGER
SERGIO TOSUNIAN
1370 WASHINGTON AV # 312
MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ANGELICA PAZ

04-09-01

Date

305-695-8853

Daytime Phone #

CR2E083B (12/01)